UPDATED INFORMATION

Medi-Cal Ends Provider Payment Reductions

Effective for dates of service on or after March 4, 2006, Medi-Cal will end the five (5) percent payment reduction for program services, in accordance with SB 912 (Statues of 2006, chapter 8). The five (5) percent reduction was implemented January 1 in accordance with *Welfare and Institutions Code*, Section 14105.19.

The end of the payment reduction does not apply to managed care plans.

The following were exempt from the payment reduction and will see no change in Medi-Cal payments:

- Acute hospital inpatient services
- Federally Qualified Health Center (FQHC) services
- Rural Health Clinic (RHC) services
- Indian Health Services (IHS)
- Outpatient services billed by a hospital
- Payments to Long Term Care (LTC) facilities, including but not limited to, free-standing nursing facilities, distinct-part nursing facilities, intermediate care facilities for developmentally disabled individuals, subacute care units of skilled nursing facilities, rural swing beds, ventilator weaning services and special treatment program services
- Adult Day Health Care (ADHC) services
- Hospice services
- Clinical laboratory or laboratory services as defined in *California Code of Regulations*, Title 22, Section 51137.2
- Expanded Access to Primary Care (EAPC) services
- Children's Treatment Program (CTP) services
- Local Educational Agency (LEA) services
- Department of Mental Health specialty mental health services
- Durable Medical Equipment (DME)
- Developmentally Disabled Home and Community-Based Services (HCBS) Waiver services
- California Children's Services (CCS) Program (both Medi-Cal and non-Medi-Cal)
- Genetically Handicapped Persons Program (GHPP) (both Medi-Cal and non-Medi-Cal)
- Child Health and Disability Prevention (CHDP) Program (both Medi-Cal and non-Medi-Cal)
- Multipurpose Senior Services Program (MSSP)
- Breast and Cervical Cancer Early Detection Program (BCCEDP)
- Breast Cancer Control Program
- Legend and non-legend drugs